

HOME HEALTH AIDE COMPETENCY EVALUATION

This Home Health Aide Competency Evaluation
has been developed and approved by
The Missouri Department of Health and Senior Services
Bureau of Home Care and Rehabilitative Standards
and replaces the previously approved written evaluation.

***Effective June 1, 1998,
Home Health Aide Competency Evaluation
should be used to qualify all
newly employed Home Health Aides
serving home health patients****

Home Health Aides who successfully passed a
previous competency exam need not be re-tested

* If your agency has been utilizing an independent evaluation form
that was previously approved
by the Bureau of Home Care and Rehabilitative Standards
as meeting Medicare standards,
you may continue to utilize it

HOME HEALTH AIDE COMPETENCY EXAM

Employee's Name _____ Today's date _____

Test scored by (signature of R.N.) _____

Satisfactory _____

Unsatisfactory _____

I Observation and Reporting

Score _____ out of 13 correct

1. Indicate those **changes** that a Home Health Aide should always report by phone call to the supervisory nurse. (Darken the circle beside your answers. Indicate all answers that are appropriate.)

- | | |
|--|---|
| <input type="radio"/> Excessive coughing | <input type="radio"/> Amber/yellow urine |
| <input type="radio"/> Skin breakdown | <input type="radio"/> Slurred speech |
| <input type="radio"/> A temperature of 100°F | <input type="radio"/> Unsteady gait |
| <input type="radio"/> Signs of bruising | <input type="radio"/> Unanswered door bell |
| <input type="radio"/> Abusive language | <input type="radio"/> Sudden anxiety |
| <input type="radio"/> One time refusal of a bath | <input type="radio"/> No hot water in home |
| <input type="radio"/> Request by patient for topical application of cream/ointment | <input type="radio"/> Patient requesting any task not on assignment sheet |
| <input type="radio"/> Failure to take medicine | <input type="radio"/> Visit by relative |
| <input type="radio"/> Good appetite | |

II Infection Control

Score _____ out of 5 correct

1. A patient takes his/her own insulin. The used syringe and attached needle are on the bedside table. You should:

- A. Place the cap on the needle and put the syringe in the patient's wastebasket
- B. Place the cap on the needle and put the syringe in the patient's sharps container
- C. Place the cap on the needle, double bag the syringe, and put in the patient's trash
- D. None of the above

2. When giving a patient personal care you should wear gloves for all of the following except:

- | | |
|---------------------|--|
| A. Shaving patient | C. Dressing the patient |
| B. Giving skin care | D. Giving oral care or cleaning dentures |

3. True or False: Wearing gloves when bathing children under the age of five years is not necessary. _____ True _____ False

4. When handling linens of an incontinent patient, you should

- | | |
|--------------------------------------|--|
| A. Always wear gloves | C. Carefully shake out linen before washing |
| B. Scrub with a brush before washing | D. First rinse with hot water before washing |

5. The single best way to decrease the transfer of pathogens (germs) is to:
- A. Wear gloves when caring for patients
 - B. Double bag all the patient's trash
 - C. Wash hands before & after providing care
 - D. Hold soiled linen away from your body

III Basic Elements in Body Functioning & Abnormalities

Score ____ **out of 5 correct**

1. A patient's five (5) pound weight gain in two days:
 - A. Is normal and nothing to be worried about
 - B. Shows that the patient has been eating too many sweets
 - C. Should be reported to the nurse
2. True or False: The terms "urinate" and "void" mean the same as "incontinence."
 ____ True ____ False
3. The patient's catheter bag contains a very large amount of dark red urine. You should:
 - A. Encourage her to drink more fluids
 - B. Empty the bag
 - C. Call the supervising nurse
4. True or False: All person's with Alzheimer's Disease have the same characteristics.
 ____ True ____ False
5. When assigned to observe the patient's bowel habits, the following should be reported to the nurse:
 - A. Symptoms of pain, abdominal swelling or cramping
 - B. Blood in the stool or rectal bleeding
 - C. Bowel movements occurring every other day
 - D. Both A and B

IV Maintenance of a Clean, Safe and Healthy Environment

Score ____ **out of 5 correct**

1. When a patient is on oxygen and wishes to smoke, which of the following is allowed:
 - A. Turn off oxygen before lighting a cigarette
 - B. Hold the cigarette for the patient away from the oxygen and let patient take puffs
 - C. Move the oxygen tank out of the room
 - D. None of the above
2. When transferring a patient from bed to bedside commode, which action is appropriate for the aide to take to ensure safety:
 - A. Use leg muscles to lift patient
 - B. Keep your feet apart with knees locked to lift patient
 - C. Swing patient onto commode with patient positioned at arms' length

- D. Place your feet together with knees locked to lift patient
3. **True or False:** Water on the floor is a safety hazard. _____ True _____ False
4. The home health aide notices that there are cockroaches in the patient's kitchen. The aide should:
- A. Clean the kitchen and throw away all food not in cupboards
 - B. Report observations to the nursing supervisor
 - C. Tell the patient that he needs to keep the house cleaner
 - D. Do nothing, you can't change the patient's environment
5. True or False: Do not attempt to move an individual who has fallen. _____ True _____ False

V Recognizing Emergencies and Knowledge of Emergency Procedures

Score _____ out of 5 correct

1. In case of fire in a client's home, identify the ONE procedure in the following list that the home health aide should not do:
- A. Exit with your client immediately, if client is ambulatory.
 - B. Notify the fire department
 - C. Keep doors closed in client room if smoke has filled other parts of home
 - D. Attempt to extinguish the fire
2. Which of the following DOES NOT represent a hazard in the presence of oxygen:
- A. Pack of Cigarettes
 - B. Nail polish
 - C. Perfume
 - D. Lighters/matches
 - E. Plastic
3. Circle any three (3) safety hazards the home health aide should observe for in every home:
- A. Functioning smoke detectors
 - B. Frayed cords/wiring
 - C. Presence/location of fire extinguishers
 - D. Water on the floor
 - E. Loose scatter rugs
 - F. Overloaded outlets
 - G. Signs of patient/spouse smoking in bed
 - H. Broken handrails on stairways
4. Upon arriving at the patient's home, she tells you that she just spilled boiling water on her hand while trying to cook. You should:
- A. Cover the area with Vaseline
 - B. Apply cold water or ice to the area if there is no break in the skin and then notify the supervising nurse
 - C. Wrap the patient's hand in a dry sterile dressing
 - D. Scold the patient for being in the kitchen
5. If your patient falls while you are in the home, which of the following should you **not** do:
- A. If patient is bleeding, apply a pressure dressing with clean cloth or sterile gauze
 - B. Move the patient to the bed to make him more comfortable
 - C. Watch for symptoms of shock - paleness, cold/clammy skin, weakness, nausea
 - D. Call your supervisor immediately

VI Physical, Emotional and Developmental Needs (Respect for Privacy/ Property)

Score _____ out of 5 correct

1. Safety & security needs are met by having food and oxygen. _____ True _____ False
2. Your patient's spouse asks you if the patient is going to die. You should:
 - A. Call the nursing supervisor and ask her how to correctly answer the question
 - B. Tell the patient to discuss it with his/her spouse
 - C. Ignore the question
 - D. None of the above
3. Which of the following does not encourage clear and effective communication?
 - A. Listening attentively
 - B. Talking about yourself
 - C. Asking questions
 - D. Speaking clearly
4. You visit the patient's home for the first time and find the house, and especially the patient's room, very cluttered, making it difficult for you to work. You should:
 - A. Tidy up your work area and put things away
 - B. Ask the patient to clean the bedroom
 - C. Tell the patient and the patient's family that the bedroom and the house need to be cleaned so that you can work
 - D. Make the best of the situation
5. You suspect that a patient has been abused. What should you do?
 - A.. Tell a family member
 - B. Call the hotline
 - C. Call the nursing supervisor
 - D. Discuss it with the patient

VII Adequate Nutrition and Fluid Intake

Score _____ out of 5 correct

1. Which of the following statements is correct?
 - A. A full liquid diet includes milk and sherbets
 - B. A diabetic diet contains foods high in sugar
 - C. A low sodium diet contains foods such as ham
 - D. A clear liquid diet includes tea, Jell-O and ice cream
2. Which would be the better choice for a diabetic patient's breakfast?
 - A. Waffles with syrup, bacon and hot chocolate
 - B. Biscuits and gravy
 - C. Pizza
 - D. Egg, toast and fruit juice
3. Which would be the better choice for a patient on a low salt diet to consume?
 - A. Chicken noodle soup and a hot dog
 - B. Turkey sandwich, fruit and Jell-O
 - C. Ham sandwich, pickles and chips
 - D. Chili,crackers and a peanut butter/jelly sandwich

4. What is the recommended daily fluid intake for an adult?
- A. 6 to 8 8-ounce glasses
 - B. 2 to 4 8-ounce glasses
 - C. 3 quarts
5. Good sources of protein are:
- A. Beans, peanut butter and eggs
 - B. Green salad and cooked greens
 - C. Potatoes and noodles
 - D. Apples and oranges

HOME HEALTH AIDE COMPETENCY EVALUATION AND EXAM

I. Home Health Aide Competency Evaluation

Any agency that adopts this competency program and a plan for its implementation (by policy and/or board approval) will be found to be in compliance with requirements. I must stress that this competency program has been developed to meet the minimum requirements of the regulations. An agency may choose to enhance the competency program by adding additional items for testing, without prior approval from this office as long as the basic program as provided here is not altered. An agency may also choose to adopt their own aide competency program, however, if you choose to do so, submit your program to our office. We must have an opportunity to review your program prior to your annual survey. Please allow fifteen (15) working days for this process.

You will note that the written portion of the competency program is divided into seven sections and the skills checklist has nine sections. The regulations state that "A home health aide is not considered to have successfully passed a competency evaluation if the aide has an 'unsatisfactory' rating in more than one of the required areas."

The home health aide needs to have answered nine of the thirteen correctly for section I and three of the five questions correctly for the other sections of the written exam to have a satisfactory rating for each of those sections. Each section of the written exam needs to have the number correct written by the **score**.

An aide who receives two or more "unsatisfactory" ratings for the entire program (written and skills checklist combined) must repeat the competency evaluation program. Also, "an aide must not perform that task (for which he or she received an unsatisfactory rating) without direct supervision by a registered nurse or therapist until after he or she receives training in the task for which he or she was evaluated a "unsatisfactory" and passes a subsequent evaluation with "satisfactory".

The written portion of the competency program can be administered orally or in writing. The entire competency program must be administered by a registered nurse. Any training that is required for the aide to successfully complete the competency program must be under the general supervision of a "qualified registered nurse". The qualifications for the registered nurse are: a minimum of two (2) years nursing experience, at least one (1) year of which must be in the provision of home health care, and who has supervised home health aide services for at least six (6) months.

The home health aide competency evaluation program and any training of the home health aide may not be done by a home health agency that has had one or more Conditions of Participation found unmet by a state survey in the twenty-four (24) months prior to the training being provided.

Agency Responsibility

"Home health agencies must maintain documentation which demonstrates that the requirements of this standard are met." During survey we will be looking for:

1. The competency evaluation with which the aide was tested.
2. Who conducted the test.
3. Evidence of successful completion of the competency evaluation program. Each section of the written exam needs to be scored.

Any home health aide competency program which has been reviewed and approved by this office will have an approval number which will assist state surveyors and home health agencies and hospices in determining adequate compliance.

HOME HEALTH AIDE COMPETENCY EVALUATION

Part II

(Must be completed by an RN who observed the following tasks performed on a patient by the home health aide.)

Task	Date	Satisfactory	Unsatisfactory	RN Signature
1. Temperature, Pulse and Respiration (overall rating)				
A. Temperature (only one type required) - Oral - Rectal - Axillary				
B. Pulse (only one type required) - Radial - Apical - Other _____				
C. Respirations				
2. Bed Bath Comments:				
3. Partial Bath A. Sponge B. Tub C. Shower Comments:				
Task	Date	Satisfactory	Unsatisfactory	RN Signature

4. Shampoo (only one required) A. Sink B. Tub C. Bed Comments:				
5. Nail and Skin Care Comments:				
6. Oral Hygiene Comments:				
7. Toileting and Elimination Comments:				
8. Safe Transfer Techniques and Ambulation Comments:				
Task	Date	Satisfactory	Unsatisfactory	RN Signature

<p>9. Range of Motion and Positioning</p> <p>Comments:</p>				
<p>10. Other Optional Skills</p> <p>(Per agency's policy - unsuccessful completion of these tasks do not affect the certification of the home health aide. However the home health aide should not be assigned these optional tasks until successful completion of the task has occurred</p>				

Final Score: _____ out of nine (9) required tasks have been successfully completed.

Date: _____ Signature of Qualified RN: _____

Date: _____ Signature of Aide _____

